

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 07/02/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTH AT JUDAY CREEK LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6330 N FIR RD GRANGER, IN 46530</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00149946 completed 05/20/2014.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00150408.</p> <p>Complaint IN00149946 - Corrected.</p> <p>Survey dates: June 30, 2014 &amp; July 2, 2014</p> <p>Facility Number: 012229 Provider Number: 012229 AIM Number: N/A</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: Residential: 111 Total: 111</p> <p>Census payor type: Other: 111 Total: 111</p> <p>Sample: 3</p> <p>Hearth at Juday Creek LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00149946.</p> <p>Quality Review completed on July 8, 2014, by Brenda Meredith, R.N.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE